

# KENTUCKY TEACHERS' RETIREMENT SYSTEM

## Change of Address Form

As an active or retired teacher or survivor of a member of the Kentucky Teachers' Retirement System, I request that the information be changed as follows:  
(A valid signature is required in order to process this change.)

### CHANGE OF ADDRESS FROM:

Name	
Address	
City/State/ZIP	
Home Phone Number	

### CHANGE ADDRESS TO:

New Name	
New Address	
New City/State/ZIP	
New Phone Number	

The following information must be completed upon submission of this form.

County of Residence	
KTRS Member Identification Number	
Please circle one: Active or Retired	Send Beneficiary ____ yes Change Form: ____ no
Member/Survivor's Signature	
Date	_____, 20 ____

Return to:  
Kentucky Teachers' Retirement System  
479 Versailles Road  
Frankfort, KY 40601

FAX to:  
Active Members FAX to: 502/848-8599  
Retired Members FAX to: 502/573-0199